

CUSTODY/VISITATION AGREEMENT

JD-FM-183 Rev. 4/2000
C.G.S. § 46b-66

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

INSTRUCTIONS: Complete form. Make copies for yourselves and give the original to the court clerk.

JUDICIAL DISTRICT OF	AT (Town)	DOCKET NO.
APPLICANT'S NAME (Last, first, middle initial)		RESPONDENT'S NAME (Last, first, middle initial)

The parties agree that:

1. The custody of the child(ren) shall be as follows:

Legal Custody:

Primary Residence:

2. As to visitation with the child(ren):

Who will pick up/drop off for visits:

Holiday and school vacation visits:

The amounts/percentages indicated below for child support, health insurance and unreimbursed medical costs, and child care costs must agree with the Child Support and Arrearage Guidelines (available at Clerk's Office) unless you meet one of the deviation criteria listed in the Guidelines.

3. As to current and/or past due child support:

- Agrees with the Child Support and Arrearage Guidelines
 Does not agree (give reason for deviation)
 Do not know

4. As to health insurance and unreimbursed medical costs:

Agrees with the Child Support and Arrearage Guidelines

Does not agree (give reason for deviation)

Do not know

5. As to child care costs:

Agrees with the Child Support and Arrearage Guidelines

Does not agree (give reason for deviation)

Do not know

6. Other

We certify that the above statements are our agreement.

APPLICANT (<i>Print name</i>)	APPLICANT'S SIGNATURE	DATE SIGNED
RESPONDENT (<i>Print name</i>)	RESPONDENT'S SIGNATURE	DATE SIGNED